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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076 April 30, 2008

Expires: Estimated average burden hours per response16.00

SEC USE ONLY

| Name of Offering: (check if this is an amendment and name has changed, and indicate change.) Eagle Management Partners, Inc. Common Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer |
|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer |
| Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer |
| A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer |
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| |
| |
| Name of Issuer (check if this is an amendment and name has changed and indicate change.) Eagle Management Partners, Inc. |
| Address of Executive Offices PRO LEGE To and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| 701 Park of Commerce Boulevard (561) 998-9847 |
| Suite 101 OCT 0 4 2006 |
| Boca Raton, Florida 3348/ |
| Address of Principal Business Operations THOMSON umber and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| (if different from Executive Offices) |
| Brief Description of Business |
| Corporation formed to be a holding company for Technology Infrastructure Solutions, Inc., which specializes in the rapid |
| deployment of networking and computer technologies for businesses reliant on multi-site retail distribution. |
| deproyment of networking and company to a series |
| Type of Business Organization . |
| Corporation I limited partnership, already formed |
| other (please specify): Limited Liability Company |
| business trust limited partnership, to be formed |
| Month Year |
| |
| Actual or Estimated Date of Incorporation or Organization: 0 04 Actual Stimated Date of Incorporation or Organization: Output Destimated Destimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. **BASIC IDENTIFICATION DATA** 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or □ Director ⊠ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Raul Pupo (Number and Street, City, State, Zip code) **Business or Residence Address** c/o Eagle Acquisition Partners, Inc., 701 Park of Commerce Boulevard, Suite 101, Boca Raton, FL 33487 General and/or □ Director ☐ Beneficial Owner Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Vernon C. Holden (Number and Street, City, State, Zip code) **Business or Residence Address** 17610 Adams Circle, Omaha, NE 68135 General and/or □ Director Executive Officer ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Walter S. Grossman (Number and Street, City, State, Zip code) Business or Residence Address 277 North Avenue, Westport, CT 06880 General and/or □ Director ☐ Executive Officer □ Beneficial Owner Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Joseph Cohen (Number and Street, City, State, Zip code) **Business or Residence Address** 410 East 57th Street, New York, NY 10022 General and/or ☐ Executive Officer Director ⊠ Beneficial Owner Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Dwight C. Schar (Number and Street, City, State, Zip code) **Business or Residence Address** c/o Schar Holdings, Inc., 750 Chain Bridge Road, McLean, VA 22101 ☐ General and/or □ Director ☐ Beneficial Owner Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Stephen Abrams (Number and Street, City, State, Zip code) Business or Residence Address

2290 Dunster Lane, Rockville, MD 20854

| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
|---|--------------------|------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if indi Paul M. Singer | ividual) | | | | |
| Business or Residence Address 435 Sixth Avenue, Pittsburg | | et, City, State, Zip code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | Director | General and/or Managing Partner |
| Full Name (Last name first, if ind Brigante S. Hill | | | | | |
| Business or Residence Address 12 Hills Drive, Belle Meade, N | | et, City, State, Zip code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Darryl Glen McMillan | | | | | |
| Business or Residence Address | (Number and Stre | eet, City, State, Zip code) | | | |
| 109 South Patterson Street, States | sville, NC 28677 | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| David Corbin | | | | | |
| Business or Residence Address | (Number and Stre | eet, City, State, Zip code) | | | |
| 1 Hemlock Street, Hudson, NH 0 | 3051 | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if inc | lividual) | | | | |
| Herbert Reis | | | | | |
| Business or Residence Address | (Number and Str | eet, City, State, Zip code) | | | |
| 1775 Providence Farms Lane, Al | pharetta, GA 30004 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if income Joel Baker | dividual) | | | | |
| Business or Residence Address | (Number and Str | reet, City, State, Zip code) | | | |
| 5437 Burnt Hickory Drive, Valri | ` | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if in | dividual) | | | | |
| John Rowe | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip code) | | | |
| 5003 Pineview Circle, Delray Be | each, FL 33445 | | | | |
| | | | | | |

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| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or | | | |
|---|-------------------|----------------------------|-------------------|------------|------------------|--|--|--|
| | | | | | Managing Partner | | | |
| Full Name (Last name first, if indi | vidual) | | | | | | | |
| John P. Mazzei | | | | | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip code) | | | | | | |
| 5620 Old Carriage Lane, West Bloomfield, MI 48322 | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | ☐ Director | ☐ General and/or | | | |
| | | | | | Managing Partner | | | |
| Full Name (Last name first, if indi | vidual) | | | | | | | |
| Jules M. Trudel | | | | | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip code) | | | | | | |
| 568 Eight Point Court, Suwanee, G | GA 30024 | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | | ☐ Director | ☐ General and/or | | | |
| | | | | | Managing Partner | | | |
| Full Name (Last name first, if ind | vidual) | | | | | | | |
| Richard Seeber | | | | | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip code) | | | | | | |
| 2282 Woodsfield Lane, Marietta, | GA 30062 | | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| B. INFORMATION ABOUT OFFERING | | |
|--|------------------------------|---|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | \boxtimes |
| Answer also in Appendix, Column 2, if filing under ULOE. | 61.0 | 00 |
| 2. What is the minimum investment that will be accepted from any individual? | \$1,0 | |
| 3. Does the offering permit joint ownership of a single unit? | Yes | No □ |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only. | | |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Name of Associated Broker or Dealer | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| (Check "All States" or check individual States | [| All States |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CI] [DD] [MA] [MI] [MN] [| HI] MS] OR] WY] | |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Business of Residence Address (Number and Succes, Oxy, States, 2.4, St | | |
| Name of Associated Broker or Dealer | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| (Check "All States" or check individual States | [| All States |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NI] [NI] [NV] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] | [м | R] [PA] |
| Full Name (Last name first, if individual) | | |
| The Code of the Co | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Name of Associated Broker or Dealer | - | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| (Check "All States" or check individual States | [| All States |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] | [M | HI] [ID] MS] [MO] DR] [PA] VY] [PR] |
| [RI] [SC] [SD] [TN] [TX] [UI] [VI] [VA] [WA] [WA] [WA] | | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND | USE OF PROCE | EDS | |
|----|--|----------------------------------|-------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
| | Type of Security | Aggregate Offering Price | | Amount Already Sold |
| | Debt | 0 | \$ | 0 |
| | • | 1,482,150 | \$ | 1,482,150 |
| | Equity: Sommon Preferred | .,, | - | |
| | Convertible Securities (including warrants)\$ | 0 | \$ | 0 |
| | Partnership Interests | 0 | \$ | 0 |
| | Other (Specify) | 0 | \$ | 0 |
| | Total\$ | 1,482,150 | • • | 1,482,150 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | -,, | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero." | te | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 21 | \$ | 1,482,150 |
| | Non-accredited Investors | 0 | \$ | 0 |
| | Total (for filings under Rule 504 only) | 0 | \$ | 0 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | - | |
| 3. | If the filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in part C – Question 1. | es the Type of Security | | Dollar Amount Sold |
| | Type of offering | Security | \$ | 0 |
| | Rule 505 | | - \$ | |
| | Regulation A Rule 504 | | - \$ | 0 |
| | Rule 504 Total | | - \$ | 0 |
| | 1 OTA1 | | _ " | |
| se | a. Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the insure the information may be given as subject to future contingencies. If the amount of an expenditure of known, furnish an estimate and check the box to the left of the estimate. | er. is | - | |
| | Transfer Agent's Fees | | J | |
| | Printing and Engraving Costs | [|] | |
| | Legal Fees | <u> </u> | 3 | \$45,000 |
| | Accounting Fees | | | |
| | Engineering Fees | | | |
| | Sales Commissions (specify finders' fees separately) | |] | |
| | Other Expenses (identify: photocopies, mailing, miscellaneous) | | - | |
| | Total | <u>D</u> | ₪ | \$45,000 |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US | SE OF PROCEE | EDS |
|--|-----------------------------------|-----------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross occeds to the issuer." | S | \$ 1,437,150 |
| Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. | 1 | |
| | Officers, Directors, & Affiliates | Payments to Others |
| Salaries and fees | \$ | \$ |
| | \$ | \$ |
| | \$ | □ \$ |
| | \$ | \$ |
| Acquisition of other businesses (including the valued of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a | | |
| merger) | \$ | S |
| Repayment of indebtedness | \$ | \$ |
| Working capital | \$ | \$ 1,437,150 |
| Other (specify): | \$ | S |
| | \$ | □ \$ |
| Column Totals | \$ | |
| Total Payments Listed (column totals added) | \$ | 1,437,150 |

| 1. | Is any party described in 17 CFR 230.262 provisions of such rule? | esently subject to any of the disqualification | Yes № □ ⊠ | | | | | |
|-------|--|--|---------------------------------|--|--|--|--|--|
| | | See Appendix, Column 5, for state response. | | | | | | |
| 2. | The undersigned issuer hereby undertake D (17 CFR 239,500) at such times as require | s to furnish to any state administrator of any state in which this not ed by state law. | tice is filed, a notice on Form | | | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | |
| | 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | | |
| | issuer has read this notification and knows the authorized person. | e contents to be true and has duly caused this notice to be signed or | n its behalf by the undersigned | | | | | |
| Issue | er (Print or Type) | Signature | Date | | | | | |
| F | Bagle Management Partners, Inc. | +CDF | September 27, 2006 | | | | | |
| Nam | e of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | |
| F | Raul Pupo | Authorized Representative | | | | | | |
| | | | | | | | | |

E. STATE SIGNATURE

Yes

No

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| D | REDER | AL SIGN | ATTIRE |
|---|-------|---------|--------|
| | | | |

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by that issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Eagle Management Partners, Inc.

Name of Signer (Print or Type)

Raul Pupo

Signature

September 27, 2006

Title of Signer (Print or Type)

Authorized Representative

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

APPENDIX

| 1 | Intend to non-a investors (Part B | to sell ccredite s in State | 3 Type of security and aggregate offering price offered in State (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
|-------|--|-----------------------------------|--|--------------------------------------|--|--|--------|--|----|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | х | | | | | | | |
| AK | | х | | | | | | | |
| AZ | | × | | | | | | | |
| AR | | х | | | | | | | |
| CA | | х | Common Stock | 1 | \$92,500 | 0 | \$0 | | х |
| СО | | Х | | | | | | | |
| СТ | | х | Common Stock | 2 | \$75,000 | 0 | \$0 | | X |
| DE | | х | | | | | | | |
| DC | | х | | | | | | | |
| FL | | X | Common Stock | 5 | \$410,000 | 0 , | \$0 | | х |
| GA | | х | Common Stock | 3 | \$86,600 | 0 | \$0 | | х |
| GU | | х | | | | | | | |
| Н | | х | | | | | | | |
| ID | | х | | | | | | | |
| IL | | х | | | | | | | |
| IN | | х | | | | | | | |
| IA | | х | | | | | | | |
| KS | | х | | | | | | | |
| KY | | х | | | | | | | |
| LA | | x | | | | | | | |
| ME | | х | | | | | | | |
| MD | | х | Common Stock | 1 | \$100,000 | 0 | \$0 | | Х |
| MA | | х | | | | | | | |

| MI X Common Stock 1 \$25,000 0 \$0 | | - 1 |
|------------------------------------|---|-----|
| | X | |

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| 1 | Intend to non-ac investors (Part B- | to sell ccredite in State | 3 Type of security and aggregate offering price offered in State (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
|-------|--|---------------------------------|--|--------------------------------------|---|--|--------|--|----|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| MN | | х | | | | | | | |
| MS | | х | | | | | | | |
| МО | | х | | | | | | | |
| MT | | х | | | | | | | |
| NE | | х | Common Stock | 1 | \$50,000 | 0 | \$0 | | X |
| NV | | х | | | | | | | |
| NH | | х | Common Stock | 1 | \$18,000 | 0 | \$0 | | Х |
| NJ | | Х | Common Stock | 2 | \$22,500 | 0 | \$0 | | Х |
| NM | | х | | | | , | | | |
| NY | | х | Common Stock | 2 | \$500,000 | 0 | \$0 | | X |
| NC | | х | Common Stock | 1 | \$2,550 | 0 | \$0 | | Х |
| ND | | х | | | | | | | ļ |
| ОН | | х | | | | | | | |
| ок | | × | | | | | | | |
| OR | | х | | | | | | | |
| PA | | х | Common Stock | 1 | \$100,000 | 0 | \$0 | | х |
| RI | | х | | | | | | | |
| sc | | х | | | | | | | |
| SD | | х | | | | | | | |
| TN | | х | | | | | | | |
| TX | | х | | | | | | | |
| UT | | × | | | | | | | |

| | | 1 1 |
|----|------|-----|
| VT | х | |
| VA | × | |

| APPENDIX | | | | | | | | | |
|----------|--|----|---|--|--------|--|--------|--|----|
| 1 | Intend to sell to non-accredite investors in State (Part B-Item 1) | | 3 | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| · | | | Type of security and aggregate offering price | | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WA | | х | | | | | | | - |
| WV | | х | | | | | | | |
| WI | | х | | | | | | | |
| WY | | х | | | | | | | |
| PR | | х | | | | | _ | | |